US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

MSV	
1 File Number U998/_	2 Fiscal Year Covered From
	1 / 1 / 2004, Through 12 / 31 / 2004
3 Name and address of person filing.	4 Name file number and address of labor organization
Name Alan JEhl	Name Empire State Regional Council of Carpenters
	Labor Organization File Number 038-392
PO Box Bldg Room No If any	PO Box Building and Room Number If any
Street 19 Evergreen Avenue	Street 270 Motor Parkway
Cty Middle Island	City Hauppauge
State New York ZIP Code + 4 11953	State New York ZIP Code + 4 11788
5 Position in labor organization Regional Director	
A Held an interest in engaged in transactions (including loans) with a monetary value from an employer whose employees your organization. Name and address of Employer (including trade name if any)	tion represents or is actively seeking to represent 7 a Nature of Interest Transaction or income
A STATE OF THE STA	
Name	where whitehousen waster channeled displacemen of the continuities them one in
Trade Name if any ;	* ************************************
	enterprise and a second
Trade Name if any _{	
Trade Name if any ? PO Box Bidg. Room No if any ?	
PO Box Bldg. Room No If any Street	
Trade Name if any ? P O Box Bldg. Room No if any ? Street City State ZIP Code + 4	
Trade Name if any ; P O Box Bidg. Room No if any ; Street City State ZIP Code + 4 Street Street	7 b Amount gnature of Perjury and other applicable penalties of the law that all of the information nying documents) has been examined by the signatory and is to the best of the

Name of Person Filing Alan Ehl	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name Industry Promotional Fund	
Trade Name If any Carpenters	k a Labor Organization
PO Box Bidg Room No If any	**
Street 500 N Broadway Ste 101	c Employer
City Jericho	
State New York ZIP Code + 4 11753	-
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Luncheon meetings to resolve jurisdictional disputes with Floor Layers Local 2287
Trade Name if any	, s
PO Box Bldg Room No If any	i \$
Street	11 b Approximate dollar value of such dealing \$150
city	12 a Nature of interest held or income received
State ZIP Code + 4	,
	· ·
	12 b Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name)
Trade Name if any	*
PO Box Bldg. Room No If any	1 1 3
Ctroot	3
Street 3	μ.
,	_
State ZIP Code + 4	AAA Amarahan arang ar
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.